Protocol of practical training Restorative Dentistry V. year

<u>Simulation</u>

Name and surname:

ID:

Date:

Task	Cavity	Rubberdam	Matrix	Filling
Cavity II. class MO for composite, maxillary molar				
Cavity II. class for composite MOD, mandibulary molar				
Cavity II. class for composite OD, mandibulary premolar				
Cavity III.class M				
Cavity III. class D				
Cavity V. class for composite				
Cavity V. class for glassionomer				

Clinical part

Name and surname

ID:

Date	Patient	Diagnosis	Treatment	Code	Stamp and signature of the teacher